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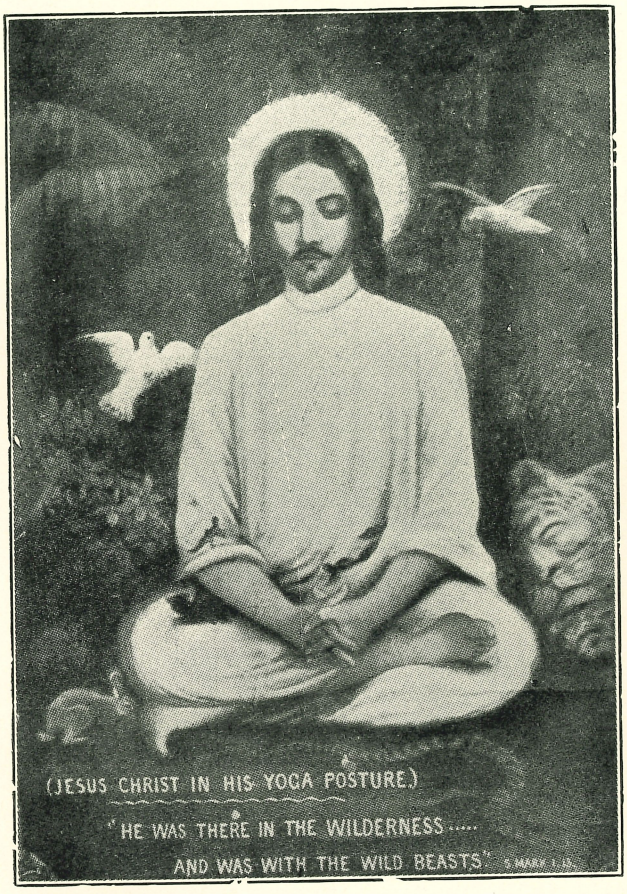


Christ as Conceived by an Indian Artist

BLAZING A NEW TRAIL

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, WASHINGTON, D. C.

By the Rev. Michael A. Mathis, C.S.C.

If there ever was a story that sounds the depths of a woman's heart, if there ever was an appeal that challenges the noblest instincts of feminine nature, if there ever was an opportunity for personal holiness in urgent deeds of mercy, it is the new vocation to the medical mission apostolate.

A New Movement

The Catholic Church is on the threshold of a new movement which portends to be as momentous for missions as was the foundation of non-cloistered sisterhoods, in the seventeenth century, for Catholic development everywhere. The new movement is the medical apostolate for sisters, trained by professional standards as doctors and nurses for foreign missions.

Catholic sisters, as qualified doctors and nurses for women and children in foreign mission lands, are as much an innovation today in the recognized activities of sisterhoods as was the teaching of youth, nursing the sick, and the care of orphans, aged, and poor, outside the cloister, in the seventeenth century. Indeed up to that time all sisterhoods were cloistered,[1] and if sisters nursed the sick, the walls of the hospital were their cloister.

The first to make a definite attempt to enable sisterhoods to engage in activities outside the cloister was Saint Francis de Sales, (died 1622). But even in his day the customary conception that the activity proper to sisters was the cloister was so rigid that Saint Francis de Sales had to admit, in founding the Nuns of the Visitation, that "he did not found the kind of community he wanted to establish," in the words of His Eminence Cardinal Dougherty of Philadelphia, "but one that he had not set out to bring into existence."

Saint Francis had succeeded, however, in planting the seed, by focusing attention on a new need. It remained for Saint Vincent de Paul (died 1660) to bring this seed to maturity by founding the Daughters of Charity, popularly known as the Sisters of Charity of Saint Vincent de Paul. Saint Vincent thus opened up to the conse-

crated zeal of sisterhoods the vast apostolate outside the cloister, the service of the poor, the care of the sick, and Christian education of youth. Since then, all non-cloistered communities of sisters have been modeled largely on the foundations of Saint Vincent de Paul.

When one tries to estimate the glory given to God, the souls brought closer to heaven, the services done humanity, and the personal holiness reaped by non-cloistered sisters in classrooms, in hospitals, in refuges for every human misery in our own land alone, where upwards of 124,000 [2] sisters are at work; when one multiplies this glory and these services over the widespread Christian world; and when one takes into account the apostolate of these angels of mercy (50,000 [3] of them) in the heroic conditions of the foreign missions—then one gets at least a vague idea of the huge volume of good which would have been left largely undone, had sisters remained confined to the cloister. Remarkable also is the fact that cloistered convents have not suffered by the influx of vocations to non-cloistered communities. On the contrary, cloistered convents have multiplied everywhere, even on the foreign missions.

Opening the door of opportunity today to sisters to do medical mission work in its strict sense, that is as professionals, is as radical a departure from the customary activities of nuns in the past as was the inauguration of the apostolate outside the cloister in the seventeenth century and, I think, just as potential for an extensive and advantageous development of the Church in the mission fields.

The recent character of the new movement may be gathered from the fact that the first community of sisters founded exclusively for this purpose came into being only in 1925. It is our Society of Catholic Medical Missionaries, founded in Washington, D. C., by Dr. Anna Dengel and the author under the authority of the Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore. When I consider the difficulties which confronted Saint Francis de Sales and Saint Vincent de Paul in blazing a new trail for sisterhoods in the seventeenth century, I wish here to make public acknowledgment of the facilities given us in our day by eminent churchmen, notably, the Holy Father who encouraged scientific medical missions from the beginning of His pontificate, His Eminence Cardinal Dougherty of Philadelphia who fostered these ideals amongst both the mighty and the lowly, the Most Reverend Michael J. Curley, D.D., who assumed the responsibility before the Church in first approving this new foundation, the zealous mission bishops who requested of the Holy See the inauguration of this apostolate, and the Congregation of Holy

Cross, under whose protecting wings, the new community made its debut into the world.

In one important sense, however, the Society of Catholic Medical Missionaries is not an original idea. It is rather the practical realization of the visions and hopes of the two Catholic pioneers in the movement, two Scotch converts, Dr. Agnes McLaren (died 1913) and Dr. Margaret Lamont (died 1931). The former was the inspiration for Dr. Anna Dengel, and the latter introduced the author to medical missions. Indirectly also, since these pioneers were associated with Protestant medical missions before their conversion, the Catholic movement owes something to non-Catholic initiative in this field.

The achievement of Protestants here, we must say it to their credit, is noteworthy. In India [4] alone they have upwards of 89 foreign mission men doctors, 191 women doctors, 243 nurses; and these are assisted by 718 native men and 1,168 native women doctors and nurses, working in 296 hospitals, 65 leper asylums, 11 sanitoria, and 329 dispensaries. In contrast, we Catholics [5] have only 37 doctors and 159 nurses, laboring in 40 hospitals and 298 dispensaries. Even this unflattering statistical comparison does not reveal the full extent of our poverty in medical missions, from the professional standpoint, because only a small number of the 37 Catholic doctors dedicate their lives to the missions in the same exclusive sense in which Protestants do, relatively few of our dispensaries are manned by qualified medical personnel, and only 20 of the hospitals can be said to be mission hospitals since the others are conducted by municipalities or Government. Truly we must admit that in Our Lord's words, "The children of this world are wiser in their generation than the children of light." (Luke XVI, 8).

Yet, while giving full credit to non-Catholics for their achievement in medical missions, it would be a big mistake to leave the impression that our Catholic missionaries have done next to nothing for the relief of the sick. Despite the fact that from the professional standpoint our contribution has been small, there has been a widespread and relatively effective care of the sick altogether out of proportion to the professional qualifications of our missionaries. Practically speaking every priest, brother and sister and often native lay catechist minister to the sick in proportion to their ability and means. Since some of the tropical diseases, like malaria, are easily recognized and specifics readily administered by non-professionals, the volume of this relief has been great indeed. Besides, the erection of 692

hospitals, 1,851 dispensaries, and 81 leper asylums largely by non-professionals, and their medical care by a hired lay staff also show what wonders have been accomplished by Catholic missionaries, especially sisters, in spite of their professional shortcomings as a group.

Furthermore, it is important to point out the fact that the reason for Catholic missionaries not being professionally trained in greater numbers is not their fault but rather the view that has obtained until recently that sisters, who in the end must be largely depended upon for medical missions, should not engage directly in obstetrics and strictly medical duties.

The recent instruction of the Sacred Congregation of Propaganda Fide of February 11, 1936, encouraging the foundation of new communities of sisters and suggesting the formation of special units in already established sisterhoods whose members should be professionally trained as doctors and nurses in obstetrics and pediatrics not only confirms the pioneer apostolate of our Society but also should remove officially any doubt the Catholic public may still entertain about the propriety of sisters doing professional medical work for women and children in the missions.

With the removal of this chief obstacle to Catholic medical missions, we may confidently look forward to a new movement in the mission field comparable to that world-wide Catholic development which followed in the wake of Saint Vincent de Paul's Daughters of Charity in the seventeenth century.

WIDESPREAD NEED OF SKILLED MEDICAL SISTERS

The special need for professional medical women to care for women and infants in Eastern lands is not due to the general lack of medical facilities in these countries (this would only show the need of medical missions in general) but rather to the fact that in practice only women can minister to women and infants in the Orient. Orient is here used to include the East in contradistinction to Europe and America which we are accustomed to think of as the West. The Orient in this sense is also synonymous with mission countries, whereas Europe and America are characterized by historic Christian civilization.

One of the most authoritative reports ever made on this subject, for such of the Orient as is dominated by non-Latin European countries, was prepared by Dr. Margaret I. Balfour,[6] for the convention at Vienna of the International Association of Women Doctors, September, 1931. Under the heading of Habits and Customs that require

medical women, I shall note only the most salient features in the report.

"The most urgent of these is the purdah system, which prevails in India, and under which women are kept secluded in their houses and are not allowed to show their faces to any man other than a near relative. This means that they may not consult men doctors or attend hospitals with male patients or staffs. They cannot show themselves to a male doctor in childbirth and cases have occurred where they preferred to die undelivered rather than do so. . . . Purdah does not occur so severely in other countries with Mohammedan populations, such as Persia, Egypt and Palestine, but even there, it is the custom for Mohammedan women to be more or less secluded, and attendance by their own sex is essential. This preference which women have for attendance by their own sex, quite apart from purdah, especially in matters connected with obstetrics and gynecology, is emphasized in replies in the great majority of the countries."

In India "the habits and customs of the people of India make it not only advisable but essential to have medical women."

In the Dutch East Indies "their religion does not forbid native women to be treated by male doctors, but I know by my own experience it is much easier for a medical woman to be admitted than it is for a man."

"In a Moslem country like Persia men are not allowed to see a woman's face if she is not of their own family. This means that any examination which is needed very seldom takes place."

In China "very advisable to have women doctors, because of feelings of modesty on the part of the patient—not absolutely necessary."

In Africa "native women would never accept treatment from a man were a woman available, as all their manner of life and their reticence lead to this preference."

In Palestine "the seclusion of Moslem women . . . makes it very advisable to have medical women. Otherwise many of them are out of reach of medical treatment."

In Egypt "the majority of women (both Moslems and Christians) dislike going to men doctors. The majority of men dislike their women attended by men, especially for matters of gynecology."

In the Sudan "the harem customs among the Moslem population make a woman doctor necessary for all the women's work."

Despite the fact that only women can effectively minister to women in these lands, the dearth of qualified personnel is pathetic. In India, for example, Sister Mary of the Sacred Heart, J.M.J., M.D., at Guntur, Madras Presidency, estimates that of India's 150,000,000 women not 1,000,000 receive skilled medical help. This is shown especially in childbirth on whose conditions Dr. Balfour reports: "From the descriptions given, the India *dhai,* the Dutch Indian *dukun* and the African untrained midwife (and the untrained midwives of other countries) all bear a close family resemblance. In Africa 'their only qualification needs to be that of marriage and to be the mother of a child.' In Persia 'puerperal sepsis is so rife that the women think

something has gone wrong if they do not get fever following their confinement.' The native midwives, of course, are at the root of it all, filthy and ignorant. In India (where the *dhais* often form an hereditary cast) 'unskilled attendance causes death through failure to recognize abnormalities, unnecessary interference in normal cases and lack of asepsis'."

One of our own Medical Mission Sisters gives a typical case: "It was Raskali's first baby and Ramgutti, her husband, was quite beside himself with anxiety. Only two years before his first wife died after the baby was born. She had been attended by her old *Shasheri* (mother-in-law) as is often the case. The latter considered handwashing very silly when doing such filthy work and had used the favorite antiseptic (cow-dung) with the consequence that the first wife had died six days after the baby was born, of septic fever."

Two of the worst cities in the world in 1926 for largely preventable maternal and infant mortality, according to Dr. Balfour's statistics, were Calcutta, where 38 out of every 1,000 mothers died in childbirth, and Freetown, Africa, where 364 children out of every 1,000 died within 10 days of birth.

Now I come to the second part of this question: Why is it that religious sisters are especially qualified for this apostolate of mercy?

First of all, Our Lady, the Virgin of Virgins, has given those who have consecrated their virginity to God an inspiring example for this apostolate in visiting her cousin Elizabeth whom she went to assist in the birth of Our Lord's Precursor.

Secondly, the modesty of Oriental women, on the one hand, and, on the other, the jealous guard demanded of the same by their husbands and menfolk, to the point of establishing the purdah system, give the Catholic sister an accessibility and confidence nobody else can command, just because she is a consecrated virgin.

Thirdly, the Orient is accustomed to associate religion with medicine, and, hence, the religious sister, so strikingly and characteristically religious through her garb, and more especially through her life, fits naturally into the background of native ideals.

Fourthly, the extraordinary reverence in which the Orient holds our Catholic sisterhoods gives her special advantages. Dr. A. Vaeth, S. J.[7] reports an interesting illustration of this reverence. A Hindu procession was in progress in Madras. Huge crowds, as reverent spectators, lined the roadside. Just as the principal cart, drawn by two sacred bulls, reached a juncture of roads, two sisters timidly approached to await the passing of the procession that they might

continue their journey. A Brahmin priest, seated high above the crowd on the sacred car, noticed the predicament of the sisters. Forthwith he halted the car, drove the bulls straight for the sisters, much to their dismay, forced the crowd to give way, and then, obliged the sacred animals to kneel down and bend their richly caparisoned heads in reverence to the sisters.

Finally, ecclesiastical authority voices the same conviction. No less a personage than Archbishop Hinsley, the successor to Cardinal Bourne in the See of Westminster, London, while Apostolic Visitor to Africa wrote: "The great opportunity of the Church lies especially in the rescue of womanhood . . . Here we have our power. No others, no Government, not the sects, can wield the heroic might of our vowed and consecrated sisterhood. . . . Moreover the heads of our missions recognize the absolute necessity of having a staff of missionaries, particularly of sisters, who can help to stem by skilled care and scientific methods the awful ravages of disease among the African people."

MISSIONARY VALUE OF MEDICAL SISTERS

"Corporal works of mercy, inspired by Christian love, like glowing rays of the sun transform the city on the mountain (the Church) built by our missionaries into an attractive haven for all mankind. Its soft brightness penetrates pagan darkness, drawing all men of good will to itself and leading all to the saving Heart of the Man-God."[8] If all the corporal works of mercy can be so characterized, it is preeminently true of medical missions.

Medical missions, first of all, carry out the command of Christ, "Heal the sick," and also follow His own missionary method. In the words of Our Holy Father,[9] "He, before He taught the multitudes, was accustomed to heal their sick, 'and all that were sick He healed, and many followed Him and He healed them all. He had compassion on them and healed their sick.' (Matt. VIII, 16; XII, 15; XIV, 14)."

Indeed, most of Our Lord's miracles were wrought in behalf of the sick. So distinguishing a characteristic of His mission was the healing of the sick that when Saint John the Baptist sent two of his disciples to inquire of Him whether or not He was the Messias, they found Him in the midst of the sick, the blind and the lame. Jesus replied in the words which the prophet Isaias had used to point out the Christ: "Go and relate to John what you have seen and heard: the blind see, the lame walk, the lepers are made clean, the deaf hear, the dead rise again, to the poor the Gospel is preached." (Luke VII, 22; Isaias 35, 5.)

Very briefly then, the essential object of the missionary is to preach Jesus Christ, and He has plainly indicated that the one mark by which He is distinguished from all other founders of religions is by fraternal charity: "By this shall all men know that you are My disciples if you have love one for another"; and what method of preaching this love for others is more potent than the one He emphasized so emphatically, namely, "healing the sick"?

Secondly, since the women of India, of the Near East and of Moslem Africa must live secluded from all men not of their immediate family, there is no prospect of bishops and priests bringing to them the saving light of Christ's Redemption. Only women can do this, and no women have so universally welcomed a contact with their sisters behind the purdah as Medical Mission Sisters. The Most Reverend Timothy Crowley, C.S.C.,[10] Bishop of Dacca, India, shows in his own beautiful diction the reason why.

"Since then, the Gospel cannot be preached to the women of Bengal, nor read by them, it has to be acted out on their behalf. This meritorious apostolate is the peculiar privilege of the Catholic Medical Missionary. In places where no man may enter, she is always welcome. Recently a sister told me a very beautiful incident characteristic of the innate courtesy of the Indian woman, when not obsessed by superstition. The sister, in her house-to-house visitation, arrived at a home in which dwelt a young widow, who was just about to break a ceremonial fast that had lasted 36 hours.

" 'Pardon me,' said the sister. 'Take your meal I can wait.'

" 'No! No!' replied the young widow, putting the plate of rice aside. 'I can eat at any time, but I cannot listen to your words at any time.'

"This incident is not exceptional. A veteran missionary nun, who has visited in her long career thousands of Hindu and Moslem homes, assured me that she had never been refused admission to any home in Bengal. This is a beautiful record in a land of so much caste exclusiveness. How the people remember these visits! Years after the sister may have left the station, and indeed may have passed to Heaven, her kindly visits will be remembered, and her name, or at least a syllable of it, will be treasured in the grateful memories of the womenfolk. Though the Medical Missionaries have worked in Dacca only a few years, I am confident that there are not four women in the city more respected—venerated is the proper word. Chivalry, as the purdah system bears witness, is not a characteristic trait of the Oriental man. One thing, however, is certain that not one of the 50,000 men of Dacca town will fail in courtesy to the sisters. This was beautifully proven in the recent communal looting and rioting in the city. The sisters, in their rounds of mercy to the sick, moved through the lanes of Dacca unmolested. Though upwards of 20,000 persons, chiefly women, fled to the villages for safety, the sisters did not miss a call, night or day, during the six weeks' reign of terror. I need not point out what a happy reaction on the work of the mission generally comes from this apostolate of the sisters to the homes of the sick and afflicted. When men would not listen, even to the words of Christ, He appealed to His works: 'Believe for the work's sake.' Saint Paul

says that faith comes by hearing. The great Gift will come to Dacca by seeing, seeing the Gospel enacted by the sisters in a Christlike way. 'He went about doing good, healing all manner of diseases'."

The experience of a Catholic Hospital in India, staffed by Sister doctors and nurses, notes the missionary value of the apostolate: "Medical mission work is undoubtedly of direct and indirect value in the conversion of souls. Many have been given instruction in our hospital and subsequently received into the Church. Thanks be to God in addition to numerous individual conversions—an Indian doctor's wife, for instance, was recently instructed and baptized—there is a mass movement on foot in these parts. In the years 1923 to 1927 12 new villages were added to this parish; at present it includes some 30 villages. Since 1928 more than 12,000 heathens have been received into the Church in this diocese, and there are many catechumens under instruction. A very consoling part of our work is the number of baptisms administered in danger of death. One hospital now records 43,000. We count upon these members of the Church Triumphant to help us in our labors."

Thirdly, another important contribution which skilled medical sisters make to the progress of the missions is the saving of human life, especially of Catholic mothers and infants. The maternal and infant mortality of India and of Oriental countries generally is frightful. What can be done to save infant life is illustrated by our Maternity and Child Welfare Centers in Dacca, India.

These Centers in 1934 attended 1,669 cases out of the 4,933 births registered in the whole city. There were only nine maternal deaths, whilst among non-Center cases there were 44. There were 57 infant deaths among the Center cases, and 266 amongst the non-Center cases.

Finally, there are a host of beneficent by-products of skilled medical care that have an important missionary value. We shall mention here only a few.

The fog of superstition, generally rampant in pagan countries, and sometimes very cruel (for example, the practice of driving the devil, supposed to be the cause of pain in some villages, from the body by the application of red-hot irons) [11] is dissipated and the tyrannical empire of witches, medicine-men and quacks is broken or at least shaken by the searchlight of scientific diagnosis and care.

False and sometimes frightful notions concerning the nature of sickness are corrected by skilled medical mission aid. Simple Animistic folk attribute all illness to evil spirits which must be constantly propitiated to ward off disease. Notable among these is the dreaded

cholera demon. Even cultural paganism of India and China generally look upon sickness as a moral evil. These false conceptions are corrected by teaching men resignation to the trials of life and the blessings of sacrifice, and pointing to the Man-God as the great Exemplar of these virtues.

By giving skilled medical care to all people irrespective of race, color, creed or condition, medical missionaries translate into action some of the fundamental truths of the Catholic Faith, the supernatural Fatherhood of God over all human beings and their heavenly brotherhood in the Mystical Body of Christ of which He is the Head and to which all men are called to be members.

Degraded notions concerning the human body prevail everywhere in both ancient and modern paganism.[12] One group exaggerates the rectitude of the body by deifying all its impulses, even the lowest, whilst the other group looks upon the body as the prison of the soul. Some of them, the Manicheans, go so far as to call it the work of the devil. The evil consequences of such views are apparent. The Medical Missionary corrects them by carrying into practice the consoling doctrine of Christ who came to save the whole man, his body as well as his soul. Both have been made for an eternal existence. Indeed, the human body is the only material substance that will survive the grave through the resurrection.

The special apostolate to women is of tremendous importance for raising the status of women in non-Christian countries to their true value and opportunity. Dr. Friedrich Schwager, S.V.D.,[13] has proved conclusively that only in Christianity is woman's true personality recognized as friend and companion of man, the basis of the Christian home. Everywhere else, with few exceptions, in Mohammedan as well as pagan countries, woman is at most but a maid and servant of man and not seldom only a slave. Under these conceptions it is impossible to build a Christian home.

Finally, by the mere fact that the medical missionary is a religious sister, committed by the most sacred obligations to translate into action the ideals of Christian life, the Beatitudes, she, by the miracle of her life, like that of all sisters, points out the supernatural character of Catholic Faith. Pagans sense this fact today just as they did during the conversion of the Graeco-Roman world, in the first three centuries of our era. Of Medical Mission Sisters the *Hindu Weekly,* Federated India (Madras) writes: "It is the peculiar feature of the Catholic Medical Missionary Sister to be allowed to act as the true Christian to the women of India and live as an exemplar to be followed."[14]

Dr. Anna Dengel has summarized in graphic words the missionary value of our apostolate to women.

"If our sisters of India, China and Africa could open the eyes of their (native women) souls to the truths of our Holy Religion, a new and vivifying element would enter their hearts, their homes, and their country; their many natural virtues would be enhanced, and their good and time-honored customs beautified, whilst pagan follies which are responsible for indescribable misery and ignorance would be uprooted, and the tabernacle would take the place of ugly idols. The door of opportunity is open. We are on the threshold, provided with a passport that assures admission and welcome, and equipped with the available means of assistance for body and soul.

"The present writer cannot speak for the mission fields in general but in her limited field in the north of India at least she never knew of a case where the catechism would permit entrance to Mohammedan and Hindu and Sikh households. But come with a doctor's or a nurse's bag, the zenana quarters soon assume the appearance of a beehive. When the young mother has been treated and her dying baby baptized, grandma on father's side shows her cataract, and grandma on mother's side complains of rheumatism, sister-in-law points to her enlarged spleen. Fatma has recovered from plague, but is too weak yet to stand and to laugh. Mariam is the abode of evil spirits, which manifest themselves in occasional hysterical fits, and poor Jan, the maid servant, is a picture of T. B. In between, the Medical Missionary gets glimpses of comedies and tragedies in the life of peoples whose customs seem as strange to us as ours to them. The sincere effort to help them breaks down barriers of prejudice, and, consequently, a mutual bond of affection is established which at first seemed impossible of attainment. The Medical Missionary sees the people at their best and at their worst, prepared and unprepared, by day and by night, at their first hour of life and at their last and often in between. She is called to the harem, the palace and the mud hut; she travels from village to village and makes a shady tree the roof of her dispensary. The hospital and dispensary doors are open to all without distinction of race, color or creed."

QUALIFICATIONS OF CANDIDATES

The first and most important qualification for membership in the Society of Catholic Medical Missionaries is a vocation for religious life. This requirement follows naturally from the fact that the primary purpose of the Society is the personal sanctification of its members through the practise of the Evangelical Counsels. The problem of deciding one's vocation usually seems more difficult than in reality it turns out to be. However, it is so seldom an easy problem to solve that a word of advice may prove helpful to prospective candidates.

Vocation to religious life is first of all a work of God's designs and graces in behalf of certain individuals. God's work is manifested by signs which can be recognized with the help of prayer, of advice

from one's confessor, and through correspondence, or preferably personal interview, with the superiors of the Society. These signs are usually threefold: a desire or at least a determination to dedicate one's life to God's service, capacity to be trained or ability to do something useful in the particular apostolate of this community, and especially acceptance by the superiors.

Although candidates may be received at any time, twice a year new classes are admitted, the first weeks of February and August, respectively. This arrangement permits the new recruits to complete the necessary six months' candidacy in time to begin the canonical year of novitiate on either February 11 or August 15. Upon the completion of the novitiate, the novice makes temporary profession for three years. Six more months of spiritual studies complete the two years of formal religious training.

Too much emphasis cannot be given to the religious character of our Society for reasons taken from medical responsibility and missionary life. As a member of the medical profession, there is a grave personal responsibility for human life. This requires a greater personal freedom of action than is customary in religious communities which can be used safely only by a correspondingly deep and individual religious life.

As a missionary, no qualification is so important as the sincere determination to strive after perfection. Pope Benedict XV[15] stated this qualification in memorable words: "But to one who wishes to qualify himself for apostolic work, there is one thing he must acquire before anything else, as being of the highest importance, it is, as we have said, sanctity of life. For whoever preaches God must be a man of God; who preaches hatred of sin must himself hate sin. It is chiefly among the Gentiles who are led by sense more than by reason that preaching by deeds is more efficient than preaching by words. Granted, therefore, that the missionary be endowed with every quality of head and heart, versed in the sciences, accomplished in every department of culture; if his accomplishments are not supported by innocence of life, they will be powerless instruments for the conversion of the people."

Without attempting to dilute the strength of the Holy Pontiff's inspiring words, it ought to be pointed out, however, that a candidate is not expected to be a saint upon the day of her arrival here, no more so than were the Apostles upon their admittance into Our Lord's first apostolic school. For our encouragement, no doubt, the Gospels show the Apostles with many a fault that called for correction. What

is required is a high ideal of the personal perfection missionaries ought to have, and a sincere desire to live a holy life.

The second qualification is good health. The Sacred Congregation of Propaganda,[16] which since 1622 has been conducting Catholic missions, from its vast storehouse of experience, points out good health as one of the most important missionary qualifications. Acclimatization of American and European missionaries to the tropics, the increased dangers to life, the radical change of diet, and the arduous character of work are sufficient reasons for insisting upon this qualification for all missionaries. If good health is necessary for missionaries in general, it is even more so for medical missionaries because their labor, subject to call any time of day or night, is more fatiguing physically as well as mentally than that of other missionaries.

The third qualification is normal intelligence. Naturally more intellectual capacity from the academic standpoint is expected of those who go on to medical school because these studies are exacting and prolonged. Both doctors and nurses must be at least the equal of their professional confreres at home for the reason that in the missions they have not the same advantages of libraries, schools, conventions and consultation and, hence, they must be more self-reliant.

Yet I do not wish to exaggerate this qualification since normal intelligence, especially when coupled with a capacity for work, suffices not only for the medical and nursing profession but also for the many offices of administration and service that devolve upon the non-medical members of the community, thus freeing the former for their absorbing scientific work. By this division of labor, the non-medical members are as necessary as the medical for the success of the apostolate. For all members, an abundance of common sense will equate academic ability.

The fourth qualification might be called optimism. An optimist sees everything in the present scheme of existence as for the best. He looks out upon the world through cheerful spectacles and radiates his cheer to all who come into contact with him. His sense of humor preserves his cheerfulness amidst the inevitable difficulties of life. These he laughs off the stage. This viewpoint is very useful in the missions where at first everything seems upside down. A veteran from Bengal, the Reverend Dr. John B. Delaunay, C.S.C., writes:

"I shall never forget my first night at my mission post in Bandhura. From the little river boat in which I had spent a wretched night I was brought to the residence of the new missionary. A strange, though not unfamiliar,

fragrance hung about the building, and memory was not slow in informing me that I was to dwell in a reclaimed cow shed. When night fell and it was time to retire, I asked to be shown the bed. The request was made after fruitless effort at finding in the house that piece of necessary furniture. The little boy who was playing host and housekeeper calmly climbed one of the posts that prevented the roof from following a precipitous urge, and came down with a peculiar bundle under his arm. It was the blanket which was to serve as bedstead, mattress and comforter combined. The people of India have a habit of smearing their bodies with mustard oil at least once a day. The oil blends with perspiration and dirt and forms a smooth shellac on the surface of the blanket. The combination is not conducive to restfulness. Next I asked for a pillow. The lad pointed out a log beautifully smoothed and adorned with a round hole in the middle. My evil luck would have it that the Lord gifted me with a square head. It was a case of a square peg in a round hole! I noticed a hole on the ground and inquired curiously about its origin. The answer was "Incarnation of God, that is a snake hole." Not relishing the idea of a bed-fellow, I stuffed the snake's abode with broken bricks so that decorous privacy be insured for the night."

This qualification is also the fertile soil in which grows sympathy for others, which enables him to enter into the real problems of an individual and thus gain his confidence; adaptability, which makes the missionary at home everywhere, with anyone and under all circumstances; and amiability, which sweetens the trials of life with the halo of a smile.

Two other qualifications are highly desirable, determination and capacity for work. It is perfectly obvious that the difficult part of religious perfection and both the preparation for and the practise of the medical and nursing professions in the mission fields cannot be negotiated successfully without a good measure of determination and a capacity for sustained moral and for both intellectual and physical efforts.

Before concluding, it might prove useful to point out some of the obstacles prospective candidates must face and overcome. Our experience reveals two principal obstacles, lack of courage to make the sacrifices required and objections from home. The latter, however, far outweigh the former in number and importance. And this is as might be expected since our apostolate is on foreign missions. Here only God's grace and a spirit of sacrifice, born of deep and living Faith, can move parents to sacrifice on the altar of foreign missions their own flesh and blood. Thank God there are still such parents. I have never seen a more touching illustration of such parenthood as a priest's father and mother, the latter was confined to a bed of pain from which she knew she would never rise, who merited the following letter from their missionary son:

"Dear Mother and Dad:

"That beautiful letter you wrote to me came Saturday. I cannot tell you how happy, how very happy it made me. All your letters always make me happy; but this is one that I shall never forget, for it is the most beautiful letter you have ever written to me. To me it is the most valuable document in the world. I will never forget it because in it you said so many truly great things. I must admit that my chest expansion, before I got half way through it, was rather big. And don't worry about my being able to read it. I had no difficulty from beginning to end. And were it written in letters of gold three inches thick and studded with diamonds it would not be half so beautiful. And if there were any words I could not figure out, I believe I would have started home to find out the meaning.

"When you write and tell me that foreign mission work is wonderful work; that you are proud of me, and happy that I am taking up such work; and when you tell me that you wish me Godspeed; Mother and Dad, you do not know how much that means to me. You do not know how much it encourages me, spurs me on, how much joy and consolation it brings to me. Coming from you it means everything. In going into this work you were uppermost in my mind. I did not care what the whole world thought. I was concerned only for you. And when you write and tell me about it in that beautiful way of yours, you alone can imagine how much it means to me. And if ever I had the least doubt in my mind (which is certainly impossible) that you were the most heroic parents in the world, this letter would soon drive it out.

"As you said in your letter, my sacrifice will bring many blessings on the family. Never doubt it. As sure as there is a heaven, God will bless all of you. When I took up this work the thought of you was uppermost in my mind. Of course there was my own sanctification. But by making this complete sacrifice of myself I felt that I could do no more for my mother and father. I was convinced that this was the surest way of bringing down blessings upon myself and upon those at home. And you know that the grace of God is the most precious thing in the world. No sacrifice is too big to obtain it; no suffering too great. And did we really understand how precious the grace of God is, and how necessary it is for us, I believe we would be on our knees day and night begging for it. And so when I went up to the altar this morning to pronounce my foreign mission vow, I laid myself before God and told Him to look upon my poor sacrifice, and bless me and bless those at home, but very especially to pour out His choicest graces and blessings on my mother and father. And I am sure He will bless you, not only in the world to come but even in this world.

"And what makes me happy beyond words is to know that you walked up to the altar with me, and you and I made the sacrifice together. What could make me happier than to know that you were at my side and offering me to God?

"Another reason why I came into foreign mission work is because here one can make a *complete* sacrifice of himself. The idea of sacrifice is as bound up with the priesthood and religious life as heat is with fire, or hardness with iron. They cannot be separated. One cannot shirk it in the priesthood or the religious life and be happy. He must look it right in the face and embrace it.

In other walks of life it is different. One can be in human business without giving up everything, and still be happy. But with a priest or a religious, it is different. He must forget himself entirely. His mind must be saturated with spiritual things, water-logged as it were. Otherwise he might as well turn his collar around or take off his habit.

"And also let me add this; that the happiest person in the world is the foreign missionary. The reason is because he has held nothing back.

"Is it not true that such work as I am in now is the most beautiful tribute a son could pay to his father and mother? The truth of the matter is that I could never make such a step had you not given me such high ideals. So when it really comes down to it I do not take such credit for it. And there is no use beating around the bush. It is true that I am making a sacrifice, but yours has no parallel. And it is your sacrifice that will draw grace upon my future work as a missionary."

FOOTNOTES

[1] The Sisters of Charity of Saint Vincent de Paul, Emmitsburg, Md., 1927, p. 19.

[2] According to Statistics compiled by Department of Education, N. C. W. C., Washington, D. C., 1935.

[3] According to Guida della Missione, 1935, 23,820 foreign mission Sisters and 25,435 native.

[4] Directory of Christian Missions (in India, Burma and Ceylon) 1932-1933, The Christian Literature Society for India, Madras, pp. XXV and 296-306.

[5] Berg, Ludwig, Christliche Liebestätigkeit in den Missionsländern, Herder, Freiburg im Breisgau, pp. 39 and 83.

[6] Reunion du Conseil de L'Association Internationale des Femmes Médecins, Vienne, 15-20, Septembre 1931, Imp. Cherche-Midi, Paris (6).

[7] Vaeth, A., S. J. Die Frauenorden in den Missionen, Aachen, 1920 p. 124.

[8] Die Katholischen Missionen, Vol. 64, No. 3, p. 59.

[9] Papal Encyclical "Rerum Ecclesiae."

[10] The Medical Missionary, Vol. IX, No. 1, pp. 3, 4.

[11] Berg, Ludwig, Christliche Liebestätigkeit in den Missionsländern, p. 96.

[12] Ohm, Thomas, O. S. B., Die Ärztliche Fürsorge der Katholischen Missionen, St. Ottilien, 1935, p. 2.

[13] Schwager, Friedrich, S. V. D. Frauennot und Frauenhilfe in den Missionsländern, Missionsdruckerei, Steyl, 1914, pp. 5, 6.

[14] Federated India, Madras, Vol. IX, No. 32, p. 7.

[15] Papal Encyclical "Maximum Illud."

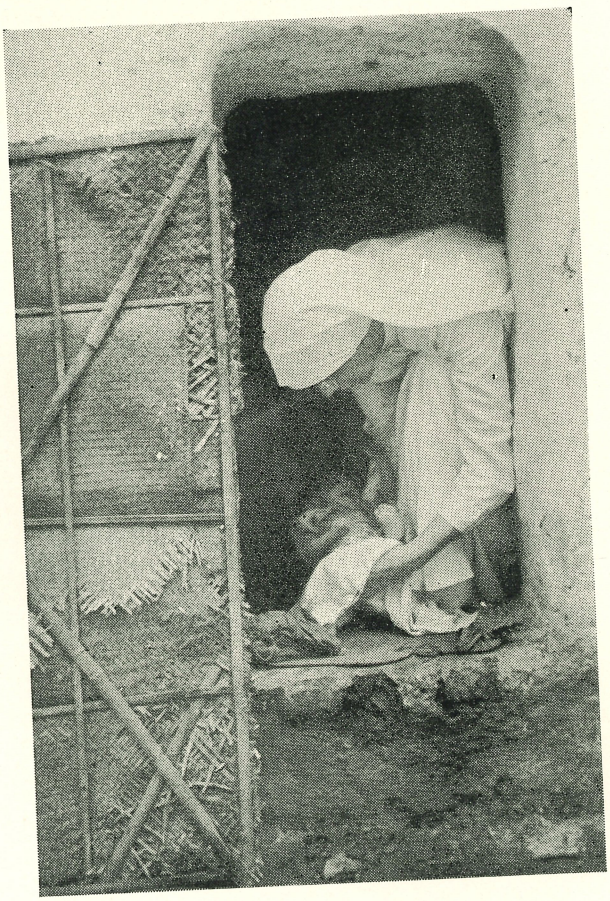
[16] Schmidlin, Dr. Joseph, Catholic Mission Theory, (translated from the German) Mission Press, Techny, Illinois, 1931, p. 187.

Sister M. Timothy
(See Ceremonies, p. 66)

A Little Punjabi Lady

"Many Quaint Little Things Patronize Us"

(See Saint Francis' Children's Dispensary, p. 71)



Where the Need Is Greatest

Babies Everywhere—Holy Family Hospital

Also Well-to-do Indians Come to the Hospital. (See Annual Report, p. 69)

Springtime in Dacca

**Daily Toil,
Kashmir**

The Society at Home and Abroad

ALLELUIA!

In Spring all nature seems to resound with joy and gladness. Birds fill the air with sweet song; trees and shrubs burst into a riot of color and send out new life.

Thus it is with the Christian soul. During the days immediately preceding Easter our Holy Mother, the Church, the Bride of Christ, in her beautiful and graphic liturgy mourns and draws the souls of her children ever deeper and deeper into the contemplation of the sorrows and agony of her Spouse. The soul is taken deep down into the valley of death.

On Easter Morn the earth resounds with Alleluias. Her children are plunged into an ocean of joy and gladness because "He is risen." Now the Church beholds her Risen Saviour, the triumphant Master of Heaven and Earth, of Life and Death. And her faithful sons and daughters mourn no longer but rejoice with exceeding joy because "death is swallowed up in victory" (I Cor. XV, 54).

That all our benefactors and friends may drink deep of lasting Easter joys, a happiness that will withstand all the vicissitudes of life and endure to the moment when the eternal and triumphant glories of the Risen Saviour shall be forever contemplated is the wish of all the Medical Missionaries.

RETURN OF DOCTOR ANNA DENGEL

All our readers will welcome the news that Doctor Anna Dengel, the superior of The Society of Catholic Medical Missionaries, who by reason of her strenuous labors of the past 10 years has not been so well, will return to the Motherhouse in May. It required her natal Austrian mountain air to restore her to health again.

CEREMONIES IN MOTHERHOUSE CHAPEL

On the feast of Our Lady of Lourdes, February 11, the Church enlisted two new members into her ranks of Medical Missionaries when, at the inspiring reception and profession ceremony held in the convent chapel, Sister M. Timothy made her first vows and mission oath and Sister John Mary received the habit of the Society.

The ceremony and Solemn High Mass immediately following it were conducted by the Rev. Michael A. Mathis, C.S.C., assisted by Rev. Thomas Duffy, C.S.C., deacon; Rev. Chas. Costello, O.M.I., subdeacon; Rev. Thomas Fitzpatrick, C.S.C., master of ceremonies; the Rev. Francis J. Ross, D.D., and Rev. J. M. Twomey, C.M., in the sanctuary. During the ceremony Father Mathis gave a short talk in which he congratulated the sisters and exhorted them to thank God daily for having been chosen as special disciples to carry the blessings of Holy Faith to thousands of women and children in mission lands through their sacred ministry of medical care. Aside from the appealing part of their work, Father pointed out the responsibility devolving upon religious who go to the mission field and especially upon those who deal with the life of human bodies. "But do not shirk this responsibility, rather in the spirit of obedience and with a lively trust in the assistance of Almighty God, take up your work eagerly and offer the fruits of your labor for the greater glory of His Eternal Majesty."

Sister M. Timothy, formerly Miss Dorothea Van Wonterghem, of Moline, Ill., attended Mundelein College in Chicago before entering the Society. Sister John Mary, formerly Miss Eleanor McGinley of Ballindrait, County Donegal, Ireland, received her R.N. at the University of Pennsylvania Hospital Training School. She was later employed as supervisor of neuro-surgical ward under the well-known brain specialist, Dr. Charles H. Frazier, in this same hospital.

PROVIDENCE MISSION EXHIBIT

The Society was given the opportunity and privilege of having a booth at the Tercentenary Mission Exhibit held at La Salle Academy from March 4 to 9.

The exhibit was most ably managed by the Christian Brothers under the direction of the Reverend William P. Tally, diocesan director of the Society for the Propagation of the Faith. Nothing was left undone to make it a complete success. Approximately 75,000 witnessed the exhibit, and all manifested an unusual interest in the labors and enterprises of the different missionary orders represented.

A feature of this exhibit was that the Most Blessed Sacrament was exposed daily in a chapel next to the exhibit hall. This created an atmosphere of prayer and peace, and made of the exhibit not only an occasion for sight-seeing, but also one of deep religious significance.

Lectures were given daily by the missionaries. Thus were the people of this diocese made acquainted with the work the Church is doing in the most distant countries of the world.

Another interesting feature was the Pageant. About 100 small girls and boys were dressed in the habits of the different missionary orders. There was also a miniature Cardinal and a Bishop with their pages, train bearers, etc. The Most Reverend Francis P. Keough, D.D., Bishop of Providence, graced the procession with his presence.

We wish to take this opportunity to express our gratitude to the Most Reverend Bishop, the Reverend William P. Tally, the Reverend Francis J. Deery, and all the Christian Brothers, especially Brothers Joseph and Aquinas Thomas, for all of their efforts to make the exhibit the success it was. Their efforts will bear abundant fruit for the Church at home as well as in the distant mission fields.

DACCA

Sister Helen writes:

There is a very bad smallpox epidemic in Dacca—the worst one they have had here for 35 years. People are dying by the hundreds but in spite of that it is often necessary for the vaccinators to take the police with them to enforce vaccination. One of the Center Sisters has spent most of her time for the past few weeks vaccinating. I went with her one afternoon and such a time as we had! We went into houses crowded with people but they disappeared like magic at the first glimpse of our vaccinating kit. Then we had to hunt for them and by coaxing and scolding we were able to vaccinate most of them. The epidemic has been raging for over a month and shows no signs of subsiding because the people will not cooperate. They cannot understand the need for vaccinations and cannot be made to believe that it will really prevent their getting the pox. We can only accommodate 30 patients in our infectious ward so the city has erected temporary camps outside the city where the sick are cared for.

Soon the Mitford Hospital will celebrate its Diamond Jubilee and the superintendent is planning a big celebration for the event and hopes to receive some substantial donations towards the extension of the hospital building. We usually have about 50 more patients than beds and the extra patients lie on mats on the floor which is not a great hardship to them because most of the poor have no beds in their homes, but it adds to the general untidiness of the wards. The most difficult task we have is to keep a certain amount of order and cleanliness in the hospital. They are really very good patients as they are by nature very resigned to their sufferings. Although the patients are well cared for the mortality is high because so many of them come in in a dying condition. They always seem to be well disposed before death as they are very spiritually minded so we have many opportunities of helping them in their last moments.

ANNUAL REPORT OF HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA, FOR 1935

By SISTER M. LAETITIA, S.C.M.M.

Again, as the year draws to a close, we begin to look around and count the blessings which we have received, and they are very many.

We are glad to be able to report progress in every branch of the work.

IN-PATIENTS

The number of in-patients has increased by almost 40 per cent over last year. It looks as if we shall soon have to begin thinking of building. Almost all the Europeans come to us now; also many of the well-to-do Indians, which is a great help financially. The poor, of course, always patronize us.

DISPENSARY

In the out-patients' department, progress has not been quite so rapid, as we have not had the time to give to the patients. Even so, the numbers have been well kept up. Saint Francis' Dispensary is also doing well, but there again we are badly handicapped for lack of workers. We greatly need another doctor.

THE TRAINING SCHOOL

We have made real headway in the training school this year. There are about 17 nurses altogether in training, and some of them are really good, although they need much more supervision than nurses at home.

BENGALI NATIVE SISTERS

Last October, during a visit to Bengal, a request was made that we should train some native Sisters as nurses. This we were glad to do, and so far three have started and are doing very well, so much so that we have been asked to take two more. They are good little Sisters, conscientious and

hard-working, and the way they keep their Rule is quite edifying; also they can be trusted to carry out whatever orders are given, which is a great relief.

OPERATIONS

The number of operations has almost doubled last year's figures. A large number of our patients are surgical cases. Some of them demand operations whether their condition indicates surgical measures or not. One woman came to us and said she had snakes in her abdomen and insisted that they be removed. As she had a great deal of pain and some trouble, it was decided to do a laparotomy, though, needless to say, snakes were neither expected nor found. After the operation, one of her relatives came with an enormous laundry basket, demanding the snakes! She met one of the little Indian nurses, who mischievously informed her that two snakes had been removed, one a yard and a quarter long and the other about a yard, but as they were poisonous the Sister had killed them and thrown them away. This quite satisfied them, simple villagers as they are, and we had a rest from snakes.

OBSTETRICAL CASES

Our obstetrical cases have increased by almost 60 per cent this year, for which we are very pleased, both on account of being able to help more mothers and also because of our training school. We are trying to get the Midwifery School recognized in the Madras Presidency, as this is the only State that has reciprocity with England, which means a higher standard. It is only by raising the standards and teaching the people that what they need is a good, well-trained, clean midwife, that we are going to oust these terrible, untrained sweeper-midwives. Some advance has been made in the Punjab, as a law has been passed, which has absolutely to take effect from 1937, that all dhais and nurses must be registered. Someone is going to have a difficult job in seeing to it that all delivery cases are done by registered women

only. If the women could once awaken to their awful danger in the hands of the present dirty old dhais, and would demand a safer regime, such a law could be easily enforced, but the difficulty in India is that the women shield their beloved old dhais when anything goes wrong. They are handed down from one generation to another, and the older they are, the better! Indeed, a very well-educated person said to one of the Sisters: "You must see for yourself how experienced our dhai is, because she is so old." She was a particularly pernicious old dhai.

SAINT FRANCIS' CHILDREN'S DISPENSARY

Saint Francis' Dispensary is developing into a real children's clinic. Quite a number came last year, but this year many more quaint little things have patronized us. Some come all by themselves for advice on this or that abstruse point; not always ill, often more for a little outing than anything else. They are extremely interested in each other's diseases. One hears them recounting symptoms to each other, and each one trying to go the other one better.

The men love to get in at that dispensary, though they are really not supposed to; but they very politely wait until all the women are gone, and it is a little difficult to turn them away; and then, too, some of them are very pitiful. One day one of these men had a droll request to make. He was a Sikh, and his beard would not grow; "could we possibly do something about it?" We could, and we did. We have quite a cosmetic department in a small way, and we gave him a bottle of very good hair oil. A couple of weeks later he came back for another bottle, sprouting a beard; and now he is a real publicity agent for the hospital, and lauds our medicine to the skies.

BIHAR AND ORISSA

A few months ago one of our Sisters visited a hospital in Bihar which is asking us to send Sisters. There is not a trained nurse in the whole place. The operating "Sister"

consists of an old bearded Mohammedan, who sprinkles white whiskers all over the sterile field. He has shaking palsy, and the poor old man vainly tries to thread needles with his shaky fingers, to the destruction of the morale of the operating room. Treatments are almost impossible, and dressings that should be done once or twice a day, may perhaps be done twice a week or less. Naturally, no nursing is done at all; only a few untrained men wander around, without any supervision, dressing a wound here and there as they feel inclined. It would be a great act of kindness to send them help, even though it would leave us very badly off in Rawalpindi, but nothing could be as bad as that particular hospital, with its rows of neglected patients.

A JUNGLE PALACE

Recently the doctor and one of the Sisters paid a very interesting sick call at a village about 50 miles from Rawalpindi. The sick woman was a very secluded Mohammedan lady, who had probably never been further than her garden gate. The first 30 miles out of Pindi the road was good; then it grew steadily worse, until it just didn't exist, so there was nothing to do but drive over bumpy fields and ditches. At the end of the journey, huge locked and barred gates, guarded by armed men, impeded further progress into the village until credentials were produced. Once inside, the whole scene changed; a beautiful road ran through the place, and a series of similar large gates, all well guarded. There were some fine un-Punjab-like crops, and even the cattle and camels seemed to belong to another world, so unlike the dried-up little things of this region were they. A lovely orange grove led up to the great double gate that barred the way to the particular house the Sisters were making for. These were again guarded by heavily armed men, carrying huge rifles and their chests sheathed with large belts full of cartridges. Around the house ran an enormously high and thick Chinese-like wall at least 15 feet high. Inside the gates

were cells and vaults used as guard rooms. This was really the entrance into the men's section; it was all very clean and spacious, and there were fountains playing before the Mosque, from which one obtained a gorgeous view of snow-clad Himalayan Mountains. Then on through more gates and doors, until one came to an immense stone building surrounded by a wide veranda made of solid Italian marble, supported by massive concrete pillars. Inside all was pure white and light grey marble. Venetian fireplaces containing electric heaters kept the rooms warm, and radiators abounded. There were electric fans and chandeliers and all sorts of fancy trappings about the ceilings, and in the kitchen even a frigidaire. It was all most luxurious. Modern plumbing, three electric power plants, white walls, large mirrors, Paris creams, soaps, and perfumes made one believe this was a bit of the romantic India that one reads so much about but never sees. Even tooth brushes, whether used or not, hung on silver holders. The rooms were scantily furnished, but a contract had already been made with a London firm for all the newest and most modern furniture. The patient was a nice young Mohammedan girl, not really ill. She was very intelligent and quite at ease in her palace and able to carry on a pleasant conversation in Punjabi. She had two great interests, the first, the coming marriage of a neighbor's daughter, a girl who had been operated on in the Holy Family Hospital the previous month; and the second, doing fancy work. She was even then working tiny pieces of real gold into a veil for the head. After the professional visit was over the doctor and Sister were conducted to the guest house, a separate building, where the women never go. This, too, was well and expensively furnished.

The village is owned by an Indian Army officer of high rank, who was educated at Sandhurst, and with his own Mosque, bank, water supply, and bazaar, he seemed like the ruler of a little native state.

THE LITTLE FLOWER MISSION CIRCLE OF NEW YORK

On Friday, March 13, 1936, we had the pleasure of showing our sound picture, "The Good Samaritan," to the members of the Little Flower Mission Circle at 389 East 150th Street, New York City. It was well attended by an appreciative audience.

The Circle was organized in 1925 by a Redemptorist Father to encourage religious vocations among girls, in a prudent, systematic, and zealous manner. In 10 years, over 500 of its members in New York have entered over 70 different orders. The Society of Catholic Medical Missionaries is included among these. In the broad spirit of the Catholic Church, the Reverend Director and members of the Circle work for all Sisters and favor none.

Vocations surely need encouragement in these days, and for this purpose the Circle has a beautiful home and a very select library, where the members meet to carry on their truly Catholic Action. The Circle publishes a quarterly called *Come, Follow Me.*

DEDICATION OF CHURCH IN NATIVE CITY OF RAWALPINDI

The chapel of Holy Family Hospital served as parish church for the Indian Catholics since its opening in 1927. The Catholic population has increased to such an extent that it could no longer accommodate the parishioners so the Right Reverend Monsignor J. O'Donohoe, Prefect Apostolic, built a large church near the hospital. The last letter from Rawalpindi stated that the church is nearing completion and plans for the dedication are under way.

INSTRUCTION OF THE SACRED CONGREGATION OF PROPAGANDA FIDEI

The cabled announcement from the Vatican on February 29 and the arrival of the decree itself of February 11, 1936, through the courtesy of His Excellency Archbishop Curley, was received at the Motherhouse with great rejoicing not only because it confirms our pioneer efforts for the medical relief of women and children in foreign missions, through the foundation of a Sisterhood, but also for the reason that it extends to other communities of sisters this blessed apostolate. To meet the widespread need, the Sacred Congregation urges the founding of new communities for this purpose and the creation of units in established congregations in which this special work has not been hitherto undertaken.

The instruction for the training of sisters and for the conduct of such missions on the field, from the standpoint of both religious life and medical science, is practically a description of our constitutions and rules covering these points. Hence, we are made very happy indeed.

The significance of this instruction, as the culmination in Catholic pioneer efforts to establish medical missions for women and children, is treated in greater detail in the article, The Society of Catholic Medical Missionaries, pages 49-64.

We are happy to share with our readers and friends the official translation of this precious document:

An instruction of the Sacred Congregation of Propaganda Fide to religious institutes of women regarding the assistance of mothers and infants in missionary lands.

It has always been the practice of this Sacred Congregation to have the methods of the apostolate conform to the varying needs of time and place. Several missionary Ordinaries have brought to the attention of the Holy See the necessity of making more appropriate provision for the health of mothers and infants. In some regions of Africa tribes are decreasing day by day and they are destined to dis-

appear if provision is not made for a better assistance for mothers and infants. It is well known that in other lands infant mortality is appalling, owing to the want of hygiene.

The Governments of those countries are taking an interest in this problem, and non-Catholic sects are giving great attention to it. Some Governments demand that nurses obtain a special diploma before permitting them to engage in this work in hospitals.

Various private undertakings have already been started for the care of mothers and infants in missionary lands; these efforts must be regulated and co-ordinated.

This Sacred Congregation has studied the question at length, and, after obtaining certain necessary faculties from the Holy Father, acting in accord with the Sacred Congregation for Religious, believes it opportune to issue the following rules and instructions:

1. This Sacred Congregation would like to see new religious institutes for women founded who will dedicate themselves principally to health work, making due provision for the necessary safeguards. These institutes must be founded and developed *ad normas juris communis.*

2. This Sacred Congregation will likewise be pleased to see the already existing religious congregations of women start special branches for the work mentioned above. If necessary, special articles may be appended to the Constitutions of religious institutes subject to this Sacred Congregation.

These new missionary activities are subject to the following regulations:

(a) It does not necessarily mean that all the religious themselves must exercise all the various branches of sanitary assistance. They may employ native lay nurses, who have obtained the required certificates, and who will join in the life and spirit of the religious institute.

(b) No Sister may be obliged by her superiors to assist at obstetrical cases. Only those Sisters should be allowed to engage in this form of missionary work who freely accept it.

(c) These new duties demand a proper technical and spiritual preparation. The Sisters should obtain certificates as doctors or nurses. Above all, they should be safeguarded and strengthened by special spiritual protections which will be determined by the superiors. The religious must see a noble expression of Christian charity in this delicate service, a charitable work destined to ease bodily misery and to open the way for the graces of the Redemption. It is well to

remember the saying of Saint Francis de Sales, that charity safeguards chastity.

(d) The Sisters should attend Catholic universities and hospitals to obtain the required certificates, or if this should be impossible, they ought to acquire their training in medical schools under Catholic teachers. In case they should not find it possible to be trained in Catholic universities or Catholic hospitals, the Sisters may obtain special permission from this Sacred Congregation to take their courses in hospitals under lay management. The candidates shall attend such institutions in groups of at least two. If necessary, they may wear lay clothes of modest style. They shall live in religious houses where they will have the benefit of every spiritual comfort and protection daily.

(e) In new institutes dedicated principally to the assistance of mothers and infants, the aspirants shall attend the university courses before taking their perpetual vows. In other institutes already existing this principle should be kept in mind and it should be adhered to in so far as the Constitutions allow.

The exercise of medical assistance and surgery by missionaries is to be regulated by Canon 139 and by the indults which this Sacred Congregation usually grants.

THE REVEREND HERBERT VAUGHAN, D.D.

We record with deep sorrow the recent death of the Reverend Herbert Vaughan, at the age of 61, in London.

Reverend Father Vaughan is the last of a long consecutive line of prelates and priests in the distinguished Vaughan family. For 25 years he was director of the Catholic Missionary Society and took a great interest in all missionary activities.

The most profound degree of humility is to receive humiliations and abjections with the same complacency that vain persons do the greatest honors.—*Saint Francis de Sales.*

A CATHOLIC MEDICAL MISSION AT WORK IN INDIA

By SISTER MARY OF THE SACRED HEART, J.M.J., M.D.
St. Joseph's Hospital, Guntur, India

Some 60 years ago, when women claimed the right to practice medicine, Sir James Stanton made the following comment: "To me it has always seemed a claim almost impossible for a man of justice or delicacy long to refuse. I have heard more than once this honorable sentiment uttered by the lips of the medical man, 'If there be one woman who desires to study and practice medicine, and one other woman who desires to be medically attended by her, it is enough for me.' "

How much more cogent could he not have made his argument had he known that in India there are some 150,000,000 women who are debarred by rigid custom from seeking the help of a medical man, while the same may be said of many millions in other lands!

As soon as the way was opened for them, medical women hastened to devote their services to the relief of India's suffering womanhood. It was America that led the way. As long ago as 1854, Dr. Elizabeth Shattuck studied medicine with this idea in view, and the first hospital for Indian women was opened by an American medical woman in 1874. English medical women soon followed this lead.

Writing some 20 years ago, Mother Mary Salome said:

"There are, it is true, many hospitals for women in India, at Lahore, Allahabad, Benares, Patna, Bombay, and many other places; but they are Protestant hospitals—we must recognize it to their honor. The Catholics alone are without hospitals. Many qualified women doctors have placed their knowledge, their energy, their self-devotion at the service of these poor Indian women. But they are Protestant women. Once more all honor to them. But shall we, privileged children of the Catholic Church, remain inactive; we who share the true treasures of God, who can give to unbelievers not

only science and philanthropy, but also the true science of faith?"

Some time ago a circular was sent to girls' schools urging the students to prepare for the study of medicine. From the information given, we infer that, despite all the efforts of Government and of missionary bodies, medical help is not yet available for even 1,000,000 among the 150,000,000 women of India. The suffering and loss of life that result from lack of proper care go beyond the power of words to describe, and tales, heart-rending in the extreme, can be told by those who have witnessed the misery.

The call of charity is therefore urgent. Catholic missionaries cannot let it pass unheeded, for they must needs follow closely in the footsteps of Him Who went about curing all manner of diseases, and instructed His disciples to heal the sick. Catholic medical missions, while fulfilling a compelling duty of Christian charity, will also serve to bring non-Christians into touch with Christianity, and undoubtedly have a great evangelistic and educative value. Dr. Albert Goodier, S.J., formerly Archbishop of Bombay, said repeatedly that it is in our practice of the bodily and spiritual works of mercy that non-Catholics will find their attraction to the Church.

The Gospel cannot be preached to non-Catholic Indian women, for priests may not approach them; neither can they learn by reading, for at most 2 per cent are literate. How then shall they learn? Monsignor Wagner, Prefect Apostolic of Kashmir, wrote: "Experience of long standing has forced on us the conclusion that in these parts of India only through medical mission work done by women, can women be brought under the influence of our Holy Mother the Church."

Catholic missionaries have helped the sick in all ages, but medical missions in the sense of missions staffed by qualified doctors are of recent development. Dr. Agnes McLaren, a convert, was a pioneer of the movement. Her later years were devoted to the promotion of medical studies amongst Catholic women, so that they might take charge of hospitals

and ensure a true Christian atmosphere for their patients. She considered this capable of very useful development in Europe, but absolutely essential for India, where she established a hospital at Rawalpindi. In 1905 Pope Pius X gave Dr. McLaren an autograph blessing on herself and all the promoters of the work.

It was Dr. Agnes McLaren who inspired Dr. Anna Dengel, foundress of the Catholic Medical Missionary Society, with the idea of becoming a medical missionary. It was the same Dr. McLaren who imparted her message to me when in 1916 I read a brief account of her life in an English Catholic Truth Society pamphlet. (Dr. Agnes McLaren : B 226.)

Sure though I was of my vocation to go as a medical missionary to India, I did not yet know where my field of labor would be, for India is a vast country, and the field of labor immense. In a copy of the Jesuit review, *America*, I read a letter from the late revered Dr. J. Aelen, Archbishop of Madras. "Above all, I beg of you to train medical women as missionaries," he wrote to the Medical Mission Board, New York. "Courage! for you are doing a great work for which I have been praying for years, so strongly am I convinced of its necessity." In answer to my inquiry, the Archbishop cabled "Come," and wrote that in this inquiry he saw the answer to his prayer of many years. His Grace added that he had brought the Dutch Sisters of the Society of Jesus, Mary and Joseph to India for the purpose of tending the sick and suffering; they had been praying for the help of medical women and would welcome me. I joined them on February 12, 1920.

The years that have intervened have brought the most desirable form of appreciation of medical missions, namely, the ever-increasing numbers that have come to seek our aid. The attendances at St. Joseph's Hospital, Guntur, since 1927 have been as follows:

40,715; 38,780; 41,604; 53,731;
56,475; 89,003; 132,013; 184,785.

Sister Mary of the Sacred Heart, J.M.J., M.D., Saint Joseph's Hospital, Guntur

(Author of "A Catholic Medical Mission at Work in India," p. 78)

Triplets at Saint Joseph's Hospital

The Light of the World

Many patients come from long distances; one woman walked for 10 days in order to reach the hospital.

But has it all been worth while? The sum-total of suffering that has been relieved is incalculable. The hospital has done much to educate people in hygiene. But has it helped to build up a living Church? Undoubtedly yes! Let us quote but one instance: One day a party of 16 men, not counting the women and children, came to the hospital to ask what steps they should take in order to become Christians. The women of the village had been coming to the hospital for years, but they were not in touch with any other center of Christianity, and did not know any priest. We introduced the men to our parish priest, and the village is now Catholic.

The congregation now has three hospitals in this diocese, namely, at Nellore, Kurnool, and Guntur. A recent Fides report showed that these three hospitals attend to an average of more than 270,000 per annum. In Guntur, where two of the nuns are doctors, who have received permission from Rome to do "all medical work in bonum animarum," the number of in-patients treated in 1934 was 3,139, and the attendances at the out-patient department numbered 184,785. Two of our hospitals are recognized as training schools in midwifery (for vernacular students), and the hospital in Guntur is a recognized training center for women "compounders." Something has undoubtedly been accomplished, but if we glance at the work that remains to be done, this dwindles into insignificance until it almost reaches the vanishing point.

Years ago I felt an intense desire to multiply myself a thousand, nay, ten thousand times, and that longing grows more intense each day. How can it be realized? We must have a Catholic Medical College for Women in India; we must have many Catholic training schools for nurses and midwives, not to speak of pharmacists and dentists; we must have Catholic hospitals from Cape Comorin to the Himalayas!

Catholic Medical Colleges are needed the whole world over. Doctors and nurses everywhere have to deal with

abuses that are making the foundations of the "Old World" rock, and there are all too few on the side of sound principles. The sanctity of family life is being undermined. Catholic principles are being attacked as never before, and who will uphold them if not the well-trained Catholic doctor and nurse? But what if Catholic doctors and nurses, trained in a non-Catholic atmosphere, are taught to look upon these subversive principles as right?

Throughout the world there is, thank God, a vast number of Catholic hospitals where Christian charity is practiced admirably. At the present day, however, Christian charity does not suffice. We need institutions in which Catholic principles with regard to medical practice are thoroughly understood, constantly practiced, and assiduously taught. Catholic medical colleges, therefore, would do incalculable good elsewhere; in India a Catholic Medical College for Women is essential. Such an institution would afford healthy fields instead of poisoned pastures such as Our Holy Father deplores in his Encyclical, "Casti Conubii"; and with its associated hospital and training schools, such a college would be able to send out an army of well-trained doctors, nurses, and midwives who, while helping to stem the tide of evil, would bring salutary help to the women of India.

We have shown that the need for medical missions is undoubted. But, you may ask, is it work for nuns? A former patient who was instructed in the Catholic faith at our hospital, and subsequently received into the Church, recently wrote a letter in which she said: "We had quite a debate in the Church compound as to whether doctors should be nuns." In answer she argued that, above all, medical women should be tender of heart and pure in soul; she stressed that type of tenderness which is evoked at the sight of the misery caused by sin, and urged that these qualities are eminently suitable for religious. "We did not look at it in that light," replied her companions.

One would scarcely expect to find a Mahomedan discussing the question as to whether nuns should be doctors. Yet

we find a passage on the subject in an article on "Medical Women in North Africa," published in the Dutch *Medisch Missie Maandblad* (*Medical Mission Monthly*) of May, 1933. The words are those of a Mozambite, Si Bassaid Addoen, editor of a weekly paper, *El Hayat*, and secretary of various associations in North Africa.

"Although I am in favor of medical women for North Africa," he wrote, "nevertheless it seems to me that they will meet with little success unless they clear the difficulties out of the way by adopting a definite state of life.

"So I prefer medical women who are members of a religious congregation. Only religious can give an example of the utmost self-sacrifice, and their manner of life inspires us Mahomedans with much greater confidence than that of lay-women, especially when these are isolated workers. The latter must constantly limit their activity, for they are influenced to a certain extent by self-interest; and this is unavoidable just because they do not lead a community life as religious do. May religious congregations therefore permit their members as much as possible to take a course of studies at a university. It is from such efforts that I expect the greatest success."

Dr. Agnes McLaren's argument was that amongst Catholic women who have the ideal of self-sacrifice and missionary zeal, so large a proportion is absorbed by religious orders, that the supply of secular Catholic women doctors for such work must needs be precarious. It will naturally, for them, be a question of salary, seeing that they will have to provide for their own future. "In the opinion of all the bishops in India that I have seen," she wrote, "considerations of economy, assiduity, and continuity require the services of nuns."

For our own part, we reply that medical missions and defense of right principles are Christ's work. Who will espouse His cause if not His spouses? And who can fight better for the sanctity of family life than those who, following in the footsteps of the one flawless Mother, have consecrated themselves to God with all that they have and are?

BERIBERI

BY H. LALINSKY, S.C.M.M., M.D.

Beriberi or barbiers, as it is sometimes called, is a disease of great antiquity. It is evident from the writings of physicians of China and Japan, that the disease existed from remotest times in these countries. Chinese scholars find in the ancient documents, dated as far back as 200 B. C., the term "kakke," a word of Chinese origin, which means "disease of the legs" and which is used to indicate beriberi. Strabo mentions it in 24 B. C., when he described the development of this affliction in the Roman armies, operating in Arabia.

Bontius, an early student of this disease in Java, writing in 1645 was the first European author to speak of its oriental origin. More frequent references in European literature only appeared after years of contact with the East through commerce. Malcolmson of the East Indian Medical Service published in 1835 an extensive treatise on beriberi, including its history, treatment and his own observations on the condition especially among native regiments, both Hindu and Mohammedan. No mention of it is made in American literature until da Silva Lima called attention to the subject in 1866.

Bontius also introduced the term beriberi into medical nomenclature. He says that the term is derived from "bharyee," meaning sheep, because the straggling gait of persons thus afflicted gives them a fanciful resemblance to that animal. According to some writers the word is derived from the Singhalese word "beri" or "weakness"; beriberi denoting great weakness. Others cling to another Singhalese derivation, "I cannot," signifying that the person is too ill to do anything. Still others believe that it is derived from "bharbari," a Hindustani word which signifies a swelling, referring to the swollen condition of the feet and ankles in the disease. Carter, because it was so common on ships suggests the Arabic derivation "Bhari," "sailor"; he also mentions "bhur," "shortness of breath."

Beriberi is a form of polyneuritis, i.e., an inflammation of many peripheral nerves. It is an acute or chronic disease in which the heart and nervous system are chiefly affected. Clinically several types have been recognized. In all its forms, however, it is the same disease, regardless of its clinical classification, which is but of conventional value. Still it is customary to speak of a paralytic and a dropsical form according to the absence or appearance of dropsy.

The disease begins with a feeling of malaise, heaviness in the legs, mild digestive disturbances, palpitation and breathlessness upon exertion. The peripheral nerves are affected and disorders of movement and sensation appear. There is a slowly increasing difficulty in walking and a gradual development of paralysis. "Burning of the feet," complained of by some of the native troops in the Burmese War and thought by some to be malingering, was really the initial symptom of beriberi. With rest and liberal diet these natives improved. Patients may become so enfeebled that they have difficulty in holding their rice bowls to feed themselves and are thus reduced to a very helpless condition.

The dropsical or wet form presents a puffy and heavy face and swollen hands, trunk, legs and feet. The patients appear well nourished, while in fact they are extremely emaciated when the edema clears up.

Early day surgeons of trading vessels to the East and to the coasts of Africa noticed symptoms of muscular debility, various degrees of leg paralysis, numbness and slight or more extensive swelling of the limbs and breathlessness among the native crews. The natives were thought to be malingering, but not infrequently the supposed malingerer was found dead in his bunk. In fact all these symptoms are attributable to beriberi. Sudden heart failure is a serious complication which occurs occasionally.

Various theories as to the real cause of beriberi have been brought to the fore. The main points of view were: that beriberi was an intoxication, that it was an infection due to a specific baccillus and lastly that it was due to a diet deficiency. Wright in 1834 stated that Hindu practitioners believed the disease due to some obnoxious substance with which at times the air was impregnated. The workers in this field at that time possessed no evidence of the causal relationship of food to the disease, although early Dutch residents at Nagaski appear to have had some suspicion as to its true nature.

Eijkman in 1897 produced in fowls a condition called "polyneuritis gallinarum" which is very similar to human beriberi, by feeding them a diet exclusively of peeled grain. Symptoms of polyneuritis appeared a few weeks to a few months after the diet had been begun. After 1913 when the word vitamin was coined and the science of nutrition greatly advanced, evidence accumulated and it was finally recognized by most workers that beriberi, like other deficiency diseases such as scurvy and rickets, is encountered with an

ill balanced and monotonous diet. The principal causative factor in human beriberi has been shown to be a diet deficient in an essential accessory food factor, called vitamin B.

Overmilled rice is robbed of the anti-beriberi factor of vitamin B in the process of polishing. It is thus that the geographical distribution of beriberi coincides with the apportionment of the people whose staple article of diet is polished rice.

Beriberi occurs in Japan, India, Africa, the Philippines and the Malay Peninsula. It is prevalent in South China, yet comparatively rare in the northern part. In Brazil the disease was so little known that da Silva Lĭma alluded to it as the "morbus innominatus," the disease without name. Epidemics occur frequently in certain small communities such as camps in forests, schools, jails, lighthouses and lightships. During the Russian-Japanese War over 80,000 cases of beriberi developed in a period of two years. An outbreak of the disease occurred in an asylum in Dublin a few years ago. It is not unknown in such institutions in the United States and in France; and has also been observed among fishermen on the North American coast.

Young adults between the ages of 20 and 40 are usually affected. Infantile beriberi is common in Egypt and the Philippines and is there the cause of a high infant mortality. These cases develop in breast fed infants whose mothers have beriberi or subsist on a diet poor in vitamins.

In some countries there appears to be a seasonal prevalence of beriberi, frequently commencing about two months after the establishment of the monsoon. Incidentally this corresponds with the seasonal incidents of malaria which together with a host of other febrile diseases is thought to be a predisposing factor.

Beriberi is a preventable disease and can be controlled by prophylactic dietary measurements. In troops and institutions rations can be prescribed and controlled. Racial habits and extreme poverty render the task more difficult among the ignorant native populace. Since eating of polished rice is a factor of paramount importance in the causation of the disease, one would think that it could easily be stamped out by supplementing the diet with vitamin-rich food or by replacing the polished by unpolished rice. Unfortunately the customs and tastes of human beings cannot be changed by legislation. Thus many years ago unpolished rice was issued to the army in the Dutch East Indies as a prophylactic measure; in 1918 this had to be stopped because the native soldiers refused to eat it.

Jansen and Donath in 1926 claimed that they had isolated the anti-beriberi factor of vitamin B from ricebran in a pure crystalline form. They found that one part of this substance in 500,000 parts of washed polished rice prevented the development of polyneuritis in a finch. Eijkman confirmed these results and was able to cure birds in which polyneuritis had been produced. Cohen and Ozier have treated beriberi patients with this product with striking results. In shôshin, the Japanese term for the heart failure which sometimes terminates beriberi, the effect is lifesaving. Excellent results are obtained in the Philippines by the use of tikitiki extract made from the pericarpal layer of rice grain. This efficacious remedy is issued by the Public Welfare Board in liberal amounts.

Vedder sums up the prevention of beriberi as follows:

1. If rice is the main staple of the diet, it should be undermilled. If this be bread, it should be made of whole wheat flour.
2. Beans, peas or similar legumes should be served at least once weekly.
3. Whole barley should be used in all soups.
4. Fresh meat at least once daily or eggs and fresh milk when meat is not provided should be supplied.
5. The excessive use of canned foods is to be avoided.

Thus the prophylaxis and treatment of beriberi is largely a matter of dietary supplement in one form or another.

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Current Medical Mission News

The Synodal Commission of Peiping, China, has opened a Bureau of Catholic Medical Service. Its purpose is to improve, coordinate and develop medical work in the missions and it proposes to do several things: to give medical advice to missionaries and to natives in need of care, to give information on epidemics, vaccines and remedies, to furnish medicaments, hospital equipment, etc., at reasonable prices, to make contacts between Catholic doctors, between Catholic and non-Catholic medical organizations and between missions and the Government in medical matters. The whole project is under the direction of the well known Father J. Rutten, C.I.C.M.—*Collectanea Commissionis Synodalis,* December, 1935.

Typhus exanthematicus, which caused the death of eighty-eight of the one hundred and thirty missionaries of Scheut who died in China between 1906 and 1925, has been checked in its ravages by the use of Weigle's vaccine, according to a report of Father Joseph Rutten, C.I.C.M.

Five years have elapsed since the missionaries of Scheut began to employ this vaccine against the disease that killed twenty-three of their priests within the first two years of their stay in China, while most of the other victims had barely reached their thirty-fifth year.

Statistics now published by Father Rutten show that during these five years though five missionaries died of various other diseases, none of those vaccinated fell a prey to typhus. On the other hand, Father Gerardy, who was stationed in a district mission where the vaccine was not available, did fall a victim of typhus.

The vaccine was originally prepared by Professor Weigle, of Lwow, Poland, and is now made in Peiping by Dr. J. Tchang.

Although, in one sense, the early death of many young missionaries cannot be called a loss, since they gave their lives for Christ, yet the utilization of medical science by Father Rutten and his helpers has been the means of saving the lives of many missionaries for work among China's millions.

The Sisters Hospitallers of St. Francis from the U. S. A. have just completed 10 years' work at the Hospital of St. Joseph in Tsinanfu, in the Shantung district of China. They have averaged 150,000 cases a year in the hospital and in their dispensaries in four different suburbs of the city.—*The Tablet,* September, 1935.

The opening of a new mission at Ramoutsa was marked by the celebration of Mass for the first time in the Bamalete Reserve, Beuchanaland. The mission was opened by the German Oblates of Mary Immaculate, who have been aided by the Franciscan Sisters and Dr. Ruben, a medical missionary who has been visiting the mission regularly.—*The Tablet,* November, 1935.

A large Catholic hospital, under the direction of the Sisters of St. Joseph of Chambery, has been opened in Reykiavik, Iceland. The modern, four-story building is equipped with all the latest medical appliances and enjoys the interest and esteem of the Prime Minister and many other high officials.—*Fides Agency,* February, 1936.

The Mill Hill Fathers, with the aid of the Franciscan Sisters of St. Joseph from Manchester, England, have opened a new medical mission at Kanowit, Sarawak, Borneo. The Rajah of Sarawak has already given the Sisters a house at Kuching for their medical work and has promised to contribute to the hospital which the Sisters propose to build.—*The Tablet,* August, 1935.

Fr. Watthe, C.M., for many years a missionary in China and founder of the home for invalid missioners at Vichy, died in Paris. This worthy priest's labors brought renewed energy and strength to hundreds of missionaries. Fourteen hundred returning missionaries have been treated so far. The French Government recognized his work and made Fr. Watthe a Chevalier of the Legion of Honor.—*The Universe,* November, 1935.

INTERNATIONAL CONGRESS OF CATHOLIC PHYSICIANS, 1936

The Second International Congress of Catholic Physicians which will be held in Vienna, May 28th to June 2nd, has as subjects for discussion: "Eugenics and Sterilization" and "Medical Aid for the Missions."

At last year's convention also, the subject of Medical Missions was discussed by Dr. Pasteau of Paris, Dr. Hermans of the Dutch Medical Mission Board, and Professor Gemelli, O.F.M., M.D., of Milan, all of whom expressed their desire to see a closer cooperation between the various groups of medical mission workers in the home countries in regard to examination and vaccination of departing missionaries, standardizing of medical hygiene courses given to missionaries, transportation of instruments and drugs to the various mission countries, etc.

The fact that medical mission action is one of the two subjects on the program of this year's congress justifies the expectation that the efforts of this eminent group of Catholic doctors will prove a definite asset for the Medical Mission Apostolate.

Book Reviews and Review of Reviews

L'AIDE MEDICALE AUX MISSIONS. Brussels. January, 1936.

The January issue of the Belgian medical mission magazine is given to retrospection. The editorial recalls to mind the two great losses which the organization suffered during the past year: the deaths of Queen Astrid and of the chaplain, Father Vermeulen. But there are also many joyful things to commemorate: two new medical stations in the Belgian Congo, the establishment of a Bureau for the Physical Examination of Missionaries, and the Medical Mission Day of May 31.

This is followed by the annual report of the ladies' auxiliary and by several extensive medical reports of the centers in the missions. We notice, besides the usual general medicine, a great interest in maternity work and sanitation. The center at Kangu has had to combat an epidemic of dysentery which was not very extensive but fairly severe. Serum treatment was effective if given early in the

course of the disease. Vaccination has been performed on large numbers, but the results are not clear.

In relation to his study of the position of Catholic midwives in the missions, Dr. Mercken has sent a questionnaire to the mission superiors in the Belgian Congo. Two of the Vicars Apostolic have answered these questions. Both express a preference for religious sisters-midwives who will be able to train native women for this work wherever possible.

Small news items and a book review conclude this issue.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam. August, September, and October, 1935.

The main feature of the August issue is the combination of two medical talks given at the monthly mission broadcast and very appropriately printed together. The subjects of these talks were "Fractures" and "Bandaging." The value of these simple medical instructions for all the missionaries who listen to the talks or read the magazine may be estimated from the numerous and grateful acknowledgments.

Besides a few announcements of the committee and letters from missionaries, there is a very interesting report of the Saint Melania Work in the Dutch East Indies. This undertaking, which was established with the purpose of bringing medical aid to native women, was very much handicapped by the lack of Catholic native midwives. The first step to improve these conditions has now been taken. The mission hospital of Moentilan, under the direction of the Franciscan Nuns of Heythuizen, has opened a course for Catholic native midwives. The western methods of nursing are beginning to gain the confidence of the mothers.

The September issue is dedicated to the celebration of the tenth anniversary of the Medical Mission Committee. In one of our recent numbers we published a complete review of the history and present state of the medical mission work in Holland, which makes it necessary to review this issue in detail. To us it is becoming increasingly clear that the Dutch Committee is concentrating its efforts on the medical equipment, mental as well as material, of every outgoing missionary, and on all the ways in which the health of our missionaries may be kept or regained. That this fact does not imply any lack of appreciation for professional medical missions is evident from the great goodwill and moral support which the Dutch Committee

always has given to other well-established professional medical mission institutes.

In the October magazine we find a very fine article written by Father V. D. Vliet which emphasizes the personal health problem of a missionary. The tenth Medical Course for Missionaries has been a great and well-deserved success. Thirty-five priests and nuns followed the lectures and did the usual practical work in hospitals and clinics.

Most interesting and profitable for all concerned was the Annual Conference of Mission Superiors with the Medical Mission Committee. At this meeting it was decided that all missionaries who are going to attend the Medical Course will do some preparatory studies in anatomy, physiology, and medicine. This will save a great deal of time and energy during the course proper.

Some smaller articles and letters from missionaries conclude this issue.

ETUDES MISSIONNAIRES. Under the patronage of the "Amis des Missions," Paris. October-December, 1935.

The subject matter of the first article, "The Formation of Future Missionaries," written by Father Perbal, O.M.I., touches a sore spot in contemporary mission history. If we exclude the few students in the professional mission science colleges and courses in Europe, missionaries all over the world receive practically no specific training till they reach the land of their destination. A situation like this would certainly not be tolerated in any other difficult and exacting profession. Many suggestions have been made to remedy this sad state of affairs: summer courses, extra years of study after ordination, etc., but none have been widely adopted. It would seem that practical considerations, especially financial difficulties, are the greatest handicap.

"Religious Ideas of the Natives of Cabinda," by Father Tastevin, S.Sp., is completed in this issue. The whole of this study constitutes an ethnological document of the first class.

The Questionnaire on the family conditions among the natives of Africa is continued. With the aid of these leading questions, any missionary who has lived long enough among an African tribe to be familiar with their customs is able to assemble valuable data for a thorough study of the social conditions in Africa.

"Kanak Stories" brings us some more information of the child-like mind of this people, in the most delightful form.

The Chronicle discusses "Slavery in Ethiopia," taking as its

source principally the official documents of the League of Nations. Finally, the bibliography is continued with a list of mission writings in Italian of the past 10 years.

IL PENSIERO MISSIONARIO. Edited by the Missionary Union of the Clergy, Rome. December, 1935.

This number of the PM carries the conclusion of Father Perbal's article on the native clergy. As a compilation of facts and viewpoints and as a concise review of the many problems attached to the native clergy, this study is truly excellent. Under the heading, "Special Difficulties," Father Perbal brings up celibacy, inconstancy, insubordination, intellectual inferiority, and social problems, especially caste. Finally, there is the financial question to be considered, in which the Society of Saint Peter Claver has been a great help just at the right moment.

The Mission Science Course at the Gregoriana University, Rome, has promoted its first student on a dissertation called "Father Thomas of Jesus' Concept of Missions." The writings of this famous Carmelite of the seventeenth century constitute a veritable "Summa Missionaria." They take in all the important aspects of mission science: the nature and scope of the missions, their necessity and methods, and a subject which has provoked so much discussion and dissension once upon a time, namely, who is primarily the bearer of the missionary responsibility. It took a clear and fearless mind, in those days of Portuguese Padroado and Spanish royal interference with missions, to state simply and emphatically that the Supreme Pontiff, and He alone, has the right and the obligation to direct and govern all missionary enterprise.

The rest of the magazine is given to extensive book reviews and numerous short discussions of important articles in various magazines.

MORAL AND PASTORAL THEOLOGY

BY HENRY DAVIS, S.J.

This volume of a series of four on Moral and Pastoral Theology deals with the Decalogue. Of all the commandments, the fifth, "thou shalt not kill," is of prime importance for the physician who daily has to deal with health and illness, life and death.

Sometimes he will be confronted with situations in which reason, not guided by Christian revelation, would permit the taking of human life when it seems necessary to save that of others. "Thou shalt not

kill," should be impressed deeply on the soul of the Catholic physician and always guide him in his actions.

In our complicated modern civilization problems have arisen, are arising and will continue to arise, which necessitate a close co-operation between the moral theologian, who guards the correct interpretation of God's commandments, and the physician, who applies these interpretations in his daily practice. Problems of sterilization, mutilation, abortion, feticide, euthanasia and many others demand the daily attention of the modern doctor.

In the part of the book under consideration, Father Davis describes these problems and points out the line of conduct for physicians, surgeons and their confessors.

Mutilation and sterilization are considered, and the morality of the various procedures for eugenic, punitive and aesthetic purposes clearly set forth.

A sharp differentiation is made between direct and indirect killing. The former is never permissible; the latter falls under the ethics of an act from which follow two effects, one good and willed, the other evil and permitted, but not intended.

With these principles in mind, several confusing situations are clarified, for instance, hyperemesis gravidarum, eclampsia, and cancer of the cervix in pregnancy.

It seems, however, that in cases where there is a difference of opinion among theologians, the difference lies in the question as to whether the act is direct or indirect killing and, consequently, whether the principle of the double effect can be applied or not. This is so in the case of ectopic gestation, to which subject the author devotes not less than 15 pages. Father Davis here follows the opinion which is based on a better understanding of the physiology and pathology of ectopic pregnancy. This opinion was explained by him in the *American Ecclesiastical Review,* 1927, and severely criticized by the Reverend P. A. Finney. Father Davis gathered the opinion of a large number of surgeons of the United States and in so doing became thoroughly acquainted with the ideas of the surgical world in regard to the seriousness and pathologicity of the condition. His opinion is now endorsed by such authorities as the Reverend A. Vermeersch, S.J., under whose guidance the Reverend T. L. Bouscaren, S.J. made his studies on ectopic gestation. They arrived at the same conclusion; but while Father Davis stresses the seriousness of the condition, Father Bouscaren attaches more importance to the application of the principle of the double effect.

This chapter, instructive for physicians and moralists alike, closes with a consideration of venereal diseases in their relation to the moral effect of spreading knowledge and prophylactics among the general public.

The honest recognition of the fact that priest and physician have certain problems in common, but that there are decisions proper to each, morality for the priest and science for the doctor, renders the book of practical value and will be appreciated by both.

INTERESTING ARTICLES IN FOREIGN MAGAZINES

"Die Religiöse Aufgabe der Arztin," by Dr. Henri Bon, in "St. Lukas," Vienna, January, 1936.

This article on the vocation of women in medicine shows a clear understanding of the important role which women are called to play in medical missions, as lay doctors, members of religious orders especially designed for medical mission work, or as sisters-doctors in missionary congregations.

"Psicologia del Lebbroso," by Father Obert, P.I.M.E., in "Le Missioni Cattoliche," February 1, 1936.

Father Obert, founder and director of the leper asylum in Dhanjuri, Bengal, India, describes the mental sufferings of the leper in seeing himself an outcast from society. He advocates the village system above the hospital system for the segregation and treatment of lepers, because social intercourse and a certain amount of freedom are important factors in the mental happiness and, consequently, also the physical well-being of these unfortunates.

"La Mortalité des Missionnaires," by Father J. Rutten, C.I.C.M., in "Collectanea Commisionis Synodalis," February, 1936.

Father Rutten reports a complete success of the annual vaccination against typhus in the Scheut missions of Northern China. Before vaccination there were 88 deaths among the missionaries due to typhus in a period of 25 years. Since vaccination was started in 1931 not one death due to typhus has occurred among the immunized mission personnel.

"Raymond Lulle et les Musulmans," by Albert Condamin, in "En Terre d'Islam," November-December, 1935.

Raymond Lulle offers the world a famous example of adaptation. He established in 1276 on the island of Majorca the Holy Trinity College where missionaries could study the Arabian languages under his direction. All his life he devoted to this purpose, to give missionaries the most neces-

sary factor in their approach to Oriental people, namely, a thorough knowledge of the native language.

"L'Islam en Ethiopie," by Dr. Pierre Sassard, in "En Terre d'Islam," January-February, 1936.

A curious mixture of Coptic Christianity, Islamism and Catholicism forms the religious background of Ethiopia. Doctor Sassard, former medical director of the hospital Menelik II in Addis Ababa, speaks from personal experience when he describes the difficulties which this fact entails for the work of conversion.

"La Femme au Pays du Soleil Levant," by Joseph Keller, S.J., in "Revue Missionnaire," January, 1936.

Education and industry, both initiated and propagated by the inrush of Western ideals into Japan, are slowly changing the age-old traditions and customs which have kept women in the lowest places in society.

"Die Grosze Uberraschung des Schwarzen Erdteils," by Prof. T. Monnens, in "Die Katholischen Missionen," January-February, 1936.

The re-awakening of the Black Continent includes a striking progress of Catholic Missions. Statistics show that the number of converts in Africa in the past 10 years form 61.7 per cent of the total number of converts all over the world. Professor Monnens of the Gregoriana in Rome discusses a few of the factors involved in this rapid growth.

"Notre IIIe Congrès à Lyon," in "L'Union Missionnaire du Clergé de France," October, 1935.

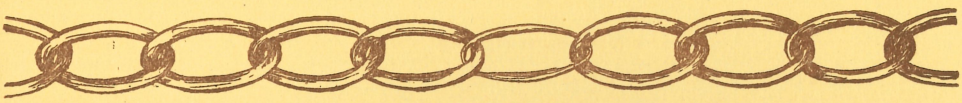
The third Congress of the French Missionary Union of the Clergy numbered among its speakers Father Pierre Charles S.J., and Father A. Perbal O.M.I., speaking respectively on "The true Nature of the Missionary Obligation" and "The Role of Charity." Both talks go straight to rock-bottom principles and are as complete as they are brief.

"Les Musulmans: La Foi," by J. Wilbois, in "Bulletin de la Ligue Missionnaire des Etudiants de France," February, 1936.

The author of this article sets forth in a simple and well organized way the outstanding points of Mohammedan beliefs and prejudices which make the work of conversion so tremendously difficult.

"L'Oeuvre de la Protection des Mulatres," in "Revue de l'Aucam," November, 1935.

Since 1932 a committee, called the Work for the Protection of Congolese Halfbloods, has done all in its power to ameliorate the fate of these unfortunate people, in Belgium as well as in the Congo. This report of the various sub-committees clearly affirms the great need of the work.



The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 211 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

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The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

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